



# ESG Non-profit Level of Review Form

**Instructions: Supply the information requested below. Fill out an "Attachment" form for the Sub-recipient and each Second-tier Sub-recipient listed below, if applicable.**

**Sub-recipient Information:**

Sub-recipient: \_\_\_\_\_ Contract Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

ADECA Funds: \_\_\_\_\_ Matching Funds: \_\_\_\_\_ Total Funds: \_\_\_\_\_

Project/Activity Description:

**List the Second-tier Sub-recipient(s) below:**

1) Name: \_\_\_\_\_ Total Amount Funded: \_\_\_\_\_

2) Name: \_\_\_\_\_ Total Amount Funded: \_\_\_\_\_

3) Name: \_\_\_\_\_ Total Amount Funded: \_\_\_\_\_

4) Name: \_\_\_\_\_ Total Amount Funded: \_\_\_\_\_

5) Name: \_\_\_\_\_ Total Amount Funded: \_\_\_\_\_

6) Name: \_\_\_\_\_ Total Amount Funded: \_\_\_\_\_

7) Name: \_\_\_\_\_ Total Amount Funded: \_\_\_\_\_

8) Name: \_\_\_\_\_ Total Amount Funded: \_\_\_\_\_

9) Name: \_\_\_\_\_ Total Amount Funded: \_\_\_\_\_

10) Name: \_\_\_\_\_ Total Amount Funded: \_\_\_\_\_

\_\_\_\_\_  
Authorized Responsible Entity Name (printed)

\_\_\_\_\_  
Title (printed)

\_\_\_\_\_  
Authorized Responsible Entity Signature

\_\_\_\_\_  
Date